



ELEMENT #1

**Heightened Scrutiny Assessment Tool for Residential and Adult Day Care Settings –
 To be Used per Setting Site:**

Adult Day Care, Assisted Care Living Facility, Residential Habilitation, IBRS, Supported Living

INSTRUCTIONS: In order to assess your agency’s compliance with the Home and Community Based Settings (HCBS) Rule, TennCare is requesting the following information as part of the Heightened Scrutiny Review Process (HS element #1). Please review the questions in their entirety and collect the information needed to provide your answers. Then, using the link provided by your designated reviewer (MCO/DIDD), enter the requested information into the WuFoo portal. If you have any questions, please contact your designated reviewer.

Setting Type:

Agency Name:

DBA Agency Name:

Provider ID/Medicaid Number:

Contact Name:

Contact email address:

Contact Phone Number:

Site Street Address:

Site Street Address 2

City:

Zip Code:

County:

Data Request	Provider Response
1. How many people do you serve enrolled in a HCBS waiver (CHOICES/Statewide/CAC/SD)? (If residential site, how many people live in the home?)	
2. How many people do you serve not enrolled in a HCBS waiver?	
3. Of those enrolled in a HCBS waiver, how many people never leave the setting during the day?	
4. Of those not enrolled in a HCBS waiver, how many people never leave the setting during the day?	
5. Of those enrolled in a HCBS waiver, how many people have a job making at least minimum wage in the community?	
6. Of those enrolled in a HCBS waiver, how many people engage in volunteer time in the community?	

7. Of those not enrolled in a HCBS waiver, how many people have a job making at least minimum wage in the community?	
8. Of those not enrolled in a HCBS waiver, how many people engage in volunteer time in the community?	
9. Of those enrolled in a HCBS waiver, how many people are supported individually to engage in community activities?	
a. Do the activities include interaction between the individual and other people who are not affiliated with agency program? Y/N	
10. Of those not enrolled in a HCBS waiver, how many people are supported individually to engage in community activities?	
a. Do the activities include interaction between the individual and other people who are not affiliated with agency program? Y/N	
11. Of those enrolled in a HCBS waiver, how many people are supported in small groups to engage in community activities?	
a. Do the activities include interaction between an individual (within the small group) and other people who are not affiliated with agency program? Y/N	
12. Of those not enrolled in a HCBS waiver, how many people are supported in small groups to engage in community activities?	
a. Do the activities include interaction between an individual (within the small group) and other people who are not affiliated with agency program? Y/N	
13. If this is a Residential setting with others in close proximity, how many settings are located close together?	
14. Is this a Residential setting? If yes, answer the following questions:	
a. Did the residents have options about where they live?	
If not, explain.	
b. Did the residents choose who they live with?	
If not, explain.	
Upload required documents.	